IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

2009 JUN 24 AM 8: 28

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only		
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Audited		
Checked		
Computer		

led within 20 days of receipt of the gift, bequest, or grant.		
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, (
Iowa Dept. of Public Health, Plumbing and Mechanical Sy	stems Board	
Name of Department or Office		
321 E. 12 th Street,	Des Moines, IA 50319	
Mailing Address	City, State, Zip Code	
515-281-6881		
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	F·	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OTHE		
Cynthia Haulsan	·	
Cynthia Houlson		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
choulson@idph.state.ia.us	·	
Email Address	Area Code & Telephone Number (if different from above)	
Elilali Addiess		
DONOR OF GIFT, BEQUEST, OR GRANT:		
Dennis Hogan/ Sheet Metal Contractors of Iowa, Inc	<u>c.</u>	
Name	6/15/09 \$150.00	
1454 30 th Street, Suite 201 Des Moines, IA 50266	Date of Gift, Bequest, or Grant Amount/Value*	
Mailing Address City, State, Zip Code	I I I I I I I I I I I I I I I I I I I	
515-223-6568	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Area Code & Telephone Number	receiving department of office. If no value many 0.00 .	
Email Address (optional)		
Provide a description of the gift, bequest, or grant and purpose thereof:		
Commemorative frame including photo of SF224 signing with Governor	Culver, excerpt from bill, and a pen used by the Governor.	
Criteria to use this form:		
	t of the state or received by the Covernor on hehalf of the state	
Receipt of any gift, bequest, or grant that is received by any departmen	t of the state of received by the Governor off behalf of the state.	
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Statement of Affirmation:

I, Cynthia Houlson	affirm that the gift, bequest, or grant reported above is accurate	 I further affirm that the information concerning the donor
and assessment of the fair ma	arket value (if applicable) is correct and true to the best of my know	owledge.

Cather Howlson
Signature

6/18/05 Date